

TITLE (12/97)**WEST VIRGINIA INSURANCE COMMISSIONER
APPLICATION FOR RESIDENT OR NON-RESIDENT TITLE AGENT'S LICENSE****For Dept. Use Only**

License # _____

Eff. Date _____

Powers TITLE OnlyCAREFULLY READ REVERSE SIDE BEFORE COMPLETING FORM**PART I -- COMPLETED BY THE APPLICANT**

PRINT IN INK OR TYPE

1. **FULL LEGAL NAME:** _____

FIRST

MIDDLE

LAST

2. **SOCIAL SECURITY #** _____ **DATE OF BIRTH:** _____4. **RESIDENCE ADDRESS:** _____ TELEPHONE # _____

PO Box/Street, City, State, ZIP

5. **BUSINESS ADDRESS:** _____ TELEPHONE # _____

PO Box/Street, City, State, ZIP

6. Are you currently licensed in West Virginia? 6. ☐ YES ☐ NO

If YES: License # _____ Date Issued _____

7. Are you familiar with the West Virginia Insurance Laws and Administrative Regulations and intend to abide by the requirements and restrictions therein? 7. ☐ YES ☐ NO8. Does applicant understand that it is illegal to pay any person any part of the premium or share commissions with a Policyholder or other person who is not a licensed individual? 8. ☐ YES ☐ NO9. Do you understand that residence address changes MUST be reported to this office within thirty (30) days? 9. ☐ YES ☐ NO10. Have you ever been penalized or fined, had a license denied, refused, suspended or revoked by this Department or the Insurance Department of any other State? 10. ☐ YES ☐ NO11. Have you ever been charged by an insurance agency or company with financial irregularities, or are you indebted to any insurance company for any overdue or unpaid money? 11. ☐ YES ☐ NO12. Have you ever been indicted for, or convicted of, a felony or misdemeanor (exclude traffic violations)? 12. ☐ YES ☐ NO**NOTE:**

"YES" responses to Questions 10, 11, and 12 must be explained by furnishing, IN WRITING, a signed, notarized statement, outlining IN DETAIL the complete facts of the matter. The statement must include ALL incidents and the dates, names, and nature of each offense; the name and locality of the court(s), if any, involved; the disposition of each matter; and, a CERTIFIED COPY of any legal record concerning each offense.

West Virginia Code 48A-5A-5(c) REQUIRES THE APPLICANT TO RESPOND TO EACH OF THE FOLLOWING STATEMENTS:13. Do you have a child support obligation? 13. ☐ YES ☐ NOA. If YES, does the arrearage (amount owed) equal or exceed the amount of child support payable for six months? 13A. ☐ YES ☐ NO14. Are you the subject of a child-support related subpoena or warrant? 14. ☐ YES ☐ NO

I HEREBY CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER UNDERSTAND THAT MAKING FALSE STATEMENTS ON THIS APPLICATION MAY RESULT IN DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, REVOCATION OR SUSPENSION OF THE LICENSE FOR WHICH I AM MAKING APPLICATION.

15. **APPLICANT'S SIGNATURE:** _____ **DATE:** _____

16. State _____, County of _____.

The applicant, whose name appears signed to the writing above, after first being duly sworn by me, says that the above statements are true to the best of his/her knowledge and belief.Taken, sworn to and subscribed before me this _____ day _____, _____ SEAL

Month Year

Notary Public: _____ My Commission Expires _____

PART II -- COMPLETED BY THE INSURANCE COMPANY_____
Company NAIC # (5 digits)

17. Company Name: _____ hereby appoints

18. Agent's Full Legal Name: _____ to represent the company as:

19. ☐ West Virginia Resident TITLE Agent OR ☐ Non-Resident TITLE Agent**Pursuant to WV Admin. Regulations--114-2-2.1, the company has made an investigation as to the suitability of the appointee.**

Attached is \$25.00 License Fee -- Check # _____ Dated _____

20. _____ (_____) _____

Appointing Official Signature

Date

Phone Number

TITLE (12/97)

WEST VIRGINIA INSURANCE COMMISSIONER

Application for Resident OR Non-Resident TITLE Agent's License

Instructions

PART I -- APPLICANT'S INSTRUCTIONS:

1. To be used by applicant's applying for a first-time license or adding Title appointments to an existing license.
2. Complete and sign Part I of the application before a Notary who must notarize your signature.
3. Attach documentation, as required, if response is "YES" to Questions 10, 11, and/or 12.
4. Address changes must be reported to Agents Licensing & Education with thirty (30) days.

PART II -- INSURANCE COMPANY INSTRUCTIONS:

1. Complete Part II and sign by Appointing Official.
2. Incomplete and/or incorrect applications will be returned to the company for completion/correction.
3. The completed application must be accompanied by:
 - a. CURRENT ORIGINAL Letter of Certification from applicant's state of domicile insurance department (applies to NON-RESIDENT applicant's only).
 - b. Documentation of responses to Questions 10, 11, and/or 12.
 - c. License Fee: \$25.00 Company check made payable to **WEST VIRGINIA INSURANCE COMMISSIONER.**
 - d. Self-addressed return envelope (Acknowledgment will not be mailed unless envelope is provided).

Send the completed application, license fee, and attachments, if applicable, to:

WEST VIRGINIA INSURANCE COMMISSIONER
Agents Licensing & Education
PO Box 50541
Charleston, WV 25305-0541
Telephone (304) 348-0610

Overnight Mail Address: 1124 Smith St., Charleston WV 25301

FORM MAY BE PHOTOCOPIED USING WHITE PAPER
COPY MUST BE LEGIBLE